



BROOKE HOUSE COLLEGE

CONFIDENTIAL HEALTH FORM – SHORT COURSE

Student family name:	
Student given name/s:	
Date of birth:	Nationality:

Please indicate whether or not the student suffers from any of the following medical conditions by putting an X in a box

Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Sickle Cell Anaemia	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (please give details)					

Has the student had any operations or hospital investigations?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please give details

Does the student have any allergies, including to food or drugs (paracetmol,ibuprofen etc)?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please give details

Is the student currently receiving any regular medical treatment or taking any medication on a regular basis?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please give details

Does the student have any problems with hearing?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please give details

Does the student have any problems with eyesight?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please give details

Does the student have any specific dietary requirements eg due to medical, cultural or religious practices?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please give details



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During the time that my above-named daughter or son is enrolled on a Short Course at Brooke House College, Leicester Road, Market Harborough, Leicestershire LE16 9AU, England, I give my consent to the following

For her/him to receive first aid treatment from qualified first aid personnel or such appointed persons as the qualified first aid personnel deem competent.

YES NO

For her/him to be offered such non-prescription medicines as the qualified first aid personnel deem appropriate.

YES NO

For appropriate Brooke House College personnel to sign any necessary consent forms required for emergency anaesthesia, invasive procedures or surgery.

YES NO

For a member of staff of Brooke House College personnel to accompany her/him to appointments with medical practitioners if necessary..

YES NO

NAME OF PARENT/GUARDIAN:

DATE:

SIGNATURE OF PARENT/GUARDIAN:

EMERGENCY CONTACT NAME & NUMBER:

ADDITIONAL NOTES: